

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, Indiana 46204



Michael R. Pence
Governor of Indiana
Nicholas W. Rhoad
PLA Executive Director

This form can **ONLY** be used if your license is expired. If you hold an active license you must renew online here: <https://mylicense.in.gov/EGov/Login.aspx>

Expired Controlled Substance Registration Renewal Form

Your Controlled Substance Registration (CSR) is expired. Renew online at www.pla.IN.gov. To renew by mail, please complete this form in its entirety and submit it with the expired renewal fee of \$110 to the office address shown in the above right corner. If you answer 'Yes' to the questions below send a detailed statement regarding the response with this form and fee.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Enter Licensee Name	Enter License Number	Enter Expiration Date	Renewal Fee \$110.00
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

QUESTIONS	
1. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you ever had any action, discipline or revocation on your DEA (U.S. Drug Enforcement Administration) registration or entered into a Memorandum of Understanding (MOU) on said registration?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you prescribed or dispensed controlled substances under your expired APN registration?	Yes <input type="checkbox"/> No <input type="checkbox"/>

LICENSEE AFFIRMATION	
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
Signature of Licensee	Date (month, day, year)

Visit us on the web at www.pla.in.gov for additional information regarding your licensure, including collaborative agreement requirements, name change requests, and ordering a license card, or email the Board at pla2@pla.in.gov.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date